DENTAL BOARD OF CALIFORNIA



1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241 TELEPHONE: (916) 263-2300 FAX: (916) 263-2140



INSTRUCTION LETTER FOR FICTITIOUS NAMES

I. QUALIFICATIONS

- A. Only licensed dentists in good standing may apply for a permit.
- B. Effective July 1, 1995, all dentists using a name other than their licensed family and (a fictitious name), must submit a fictitious name application for approval.
- C. If you are filing as a corporation, please provide a copy of your *Articles of Incorporation* as registered with the Secretary of State.

II. **REQUIREMENTS FOR NAME STYLE** (See also "Prohibitions & Guidelines).

- A. <u>Family name</u> of at least one of the member dentists <u>must be included</u> with the chosen fictitious name on question #1 of the application.
- B. You <u>must choose one of the following selections and use it as a part of your fictitious name</u>. The Board will not consider your application if the required wording is omitted.
 - 1. Dental Office
 - 2. Dental Practice
 - 3. Dental Group
- C. The name may include other descriptive language: regional or geographical names, **dental specialties, and wording denoting corporate existence (if applicant is incorporated).
 - ** Section 651(h)(5) of the B & P Code states that a practitioner who limits his/her practice to a specific field or fields may include a statement that he/she is a specialist if he/she is certified or eligible for certification by a private or public board or parent association recognized by that practitioner's licensing board. If indicating a dental specialty as part of the fictitious name, please provide the following to aid the Board in determining whether inclusion of such specialty might be misleading or unlawful:
 - 1. Submit documentation of being board certified or board eligible in the specialty.
 - Indicate whether or not practice at specified location is exclusively limited to that specialty.

(See page two for filing fees)

III. INITIAL FILING FEES

A. The standard filing fee set by Section 1724.5 of the Business and Professions Code and Section 1021, Title 16, Article 6 of the California Administrative Code is \$365.00. The **prorated filing fee is \$182.50** and applies when less than one year remains in the dental license renewal cycle of the applicant dentist.

IV. SCHEDULE FOR RENEWAL

- A. The permit renewal coincides with your dental license renewal. In cases where more than one person is listed on the application, the birth month of the first listed licensee is used for determining the initial fee and renewal date.
- B. A delinquent renewal fee will be applied If the permit is renewed more than 30 days after the expiration date.

V. PERMITS BECOME INVALID IF THERE IS:

- A. Any change of address from that specified on the permit.
- B. Any change in the name style from that specified on the permit. This would include a sale of the practice.
- C. Any change in the status under which the application was made. For example:
 - 1. Dissolution of partnership or corporation
 - 2. Change from sole proprietor to partnership, etc.
 - 3. Change from three sole practitioners who own or lease the place of practice (Group) to a pair of dentists, or to a single dentist.

If any of the above changes occur, and you wish to continue using the name, you may file for a *transfer* of the name to a new permit number. In this instance, the <u>original</u> permit must be returned to the Board for cancellation.

Please Note: Unless the address on this application is an additional office address, the address given on your completed application should agree with the Board's address of record for your dental license record and should be your primary place of practice. If this is not the case, a "Registration of Change of Place of Practice" form will need to be submitted.

Please allow 6-8 weeks for processing & approval of your requested fictitious name.

(FNP-4, 5/99)

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APPLICATION FOR A FICTITIOUS NAME PERMIT

Section 1701.5 - Business and Professions Code

FOR OFFICE USE ONLY Receipt No RC No					
Date Filed: Fee Paid					
Approved: FNP No					

STANDARD FEE: \$365 / PRORATED FEE: \$182.50 (Section 1724.5 - Business & Professions Code)

Code, Section 1701(e), or other applicable provisions of the law.

FILING FEE IS NON-REFUNDABLE

INSTRUCTIONS TO APPLICANT:

All information requested in this application must be supplied by the applicant. Each question must be answered fully, truthfully, and accurately. ANY OMISSIONS OR INACCURACIES ARE GROUNDS FOR DISAPPROVAL OR REJECTION.

Any false statement willfully made in this application may result in discipline or criminal liability under Business & Professions

PRINT OR TYPE

1. Fictitious Name to be used in the practice: (Family Name of applicant must be included and must comply with Section 1701.5)						
2. Please give an explanation of the fictitious name and why you have chosen it:						
3. Address of practice where fictitious name will be used:						
Telephone Number ()	Social Sec. No: (Required)					
4. The applicants will be: (Check one) Individual Association Partnership Corporation						
5. B & P Code Section 651(h)(5) states that a dentist who limits his/her practice to a specific field or fields must include a statement that he/she is either: Certified or Eligible for Certification by a private or public board or parent association recognized by the Dental Board. (Please provide documentation of eligibility or certification if applicable)						
6. Name & License Number of dentists who have <u>ownership</u> in the association, partnership, group, corporation, or solo practice. Please any other Board permits held by each licensee. LICENSE NUMBER PERMITS NAME						

7. The place of practice, or portion thereof, is: OWNED LEASED BY APPLICANT								
If leased, state term of lease and provide name and address of lessor:								
8. The Dental Practice at the location specified on #3 (front) is is not wholly owned and entirely controlled by the applicant dentist or dental corporation.								
If not, explain why:								
FOR SOLO PRACTICES, ASSOCIATIONS, GROUPS OF INDIVIDUALS AND PARTNERSHIPS ONLY								
The Dentists that have ownership hereby certify under penalty of perjury under the laws of the State of California that all statements made on this application are true and correct.								
CERTIFICATION								
Print or type name	Signature	Date License No. * Status at Practice			s at Practice			
*Indicate whether Self-en	nployed, Associate, Employee, or Indepe	ndent Contractor.						
FOR CORPORATIONS ONLY								
DECLARATION								
I am an officer of and as such, make this declaration for and on behalf of said corporation. I have read the foregoing application and all attachments thereto and know the contents thereof, and the same are true of my own knowledge.								
I declare under penalty of perjury under the laws of the State of California that I have legal authority to act on behalf of said entity and that the information contained in this application is true and correct.								
Executed at, California, this day of 20								
By: Name, License no. & status of all other Officers/ Shareholders/Employees								
Type Name		Name		Title	License #			
Title	License No.							
Signature								
Person to be contacted reg	garding this application:							
Name:								
Address:								
City:	State: Zip:							
Telephone:								